

ART B - FEE(S) TRANSMITTAL

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021125 7590 05/11/2006
NUTTER MCCLENNEN & FISH LLP
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LISA ADAMS (Depositor's name)

Lisa Adams (Signature)

August 9, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/092,955	03/06/2002	William L. Rohr	022719-0022	7356

TITLE OF INVENTION: CLOSED-LOOP DRUG DELIVERY SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/11/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
KENNEDY, SHARON E	1615	604-065000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Nutter, McClellan & Fish LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Codman & Shurtleff, Inc.

Raynham, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Lisa Adams

Date August 9, 2006

Typed or printed name Lisa Adams

Registration No. 44,238

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